



City of Central Falls Trade Name Certificate Application

Applicant Information

Name of Applicant: _____

Sole Proprietor Corporation

Doing Business As: _____
(Name of Business)

Business Address: _____

If business is a corporation, provide officers information:

Name _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Cell phone: _____ Email: _____

Name _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Cell phone: _____ Email: _____

If business is a sole proprietorship, provide owners information:

Name _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Cell phone: _____ Email: _____

Business Information

Type of Application: New Renewal

Business Class: A B C

Hours of Operation: _____ Days of Operation: _____

Description of Business Activity _____

Trade Name Fee: \$10.00

Class A: Class A businesses operate away from the registered business address. They are business that conduct their work in different sites, many times travelling to different job sites. Examples: contractor, cleaning services, landscapers, tow truck operator.

Class B: Class B businesses conduct their work from the registered business address, the home of the business owner. Examples: computer designer, billing, piecework.

Class C: Class C Businesses operate from storefronts and/or buildings within the city.

Emergency Contact Information
(Applicant required to provide two different contacts)

Name:	Name:
Address:	Address:
Telephone Number:	Telephone Number:

Finance Department

<input type="checkbox"/> Taxes Current	Signature of Official: _____	Date: _____
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- I understand that all State approvals, permits, licenses and insurance coverage (if required) must be filed with the Clerk's office prior to issuance of license. (see attached list)
- I acknowledge that I am over the age of 18 years.

General Release & Indemnity Agreement

The above applicant, in consideration of the license granted by the Licensing Authority of the City of Central Falls, hereby remises, releases and forever discharges the City of Central Falls, its respective employees, agents and attorneys from all manner of actions, causes of actions, debts, dues, claims and demands both in law and equity, more especially any and all claims for the above mentioned including but not limited to property damages and personal injuries resulting from the issuance of said license.

The above applicant, by signing below, acknowledges that all information in this application is correct and true.

Signature of Applicant: _____ Date: _____

Received by: _____ Date: _____

License Payment

License fee: _____ Date Paid _____ Cash/Check # _____ Clerk Initials _____